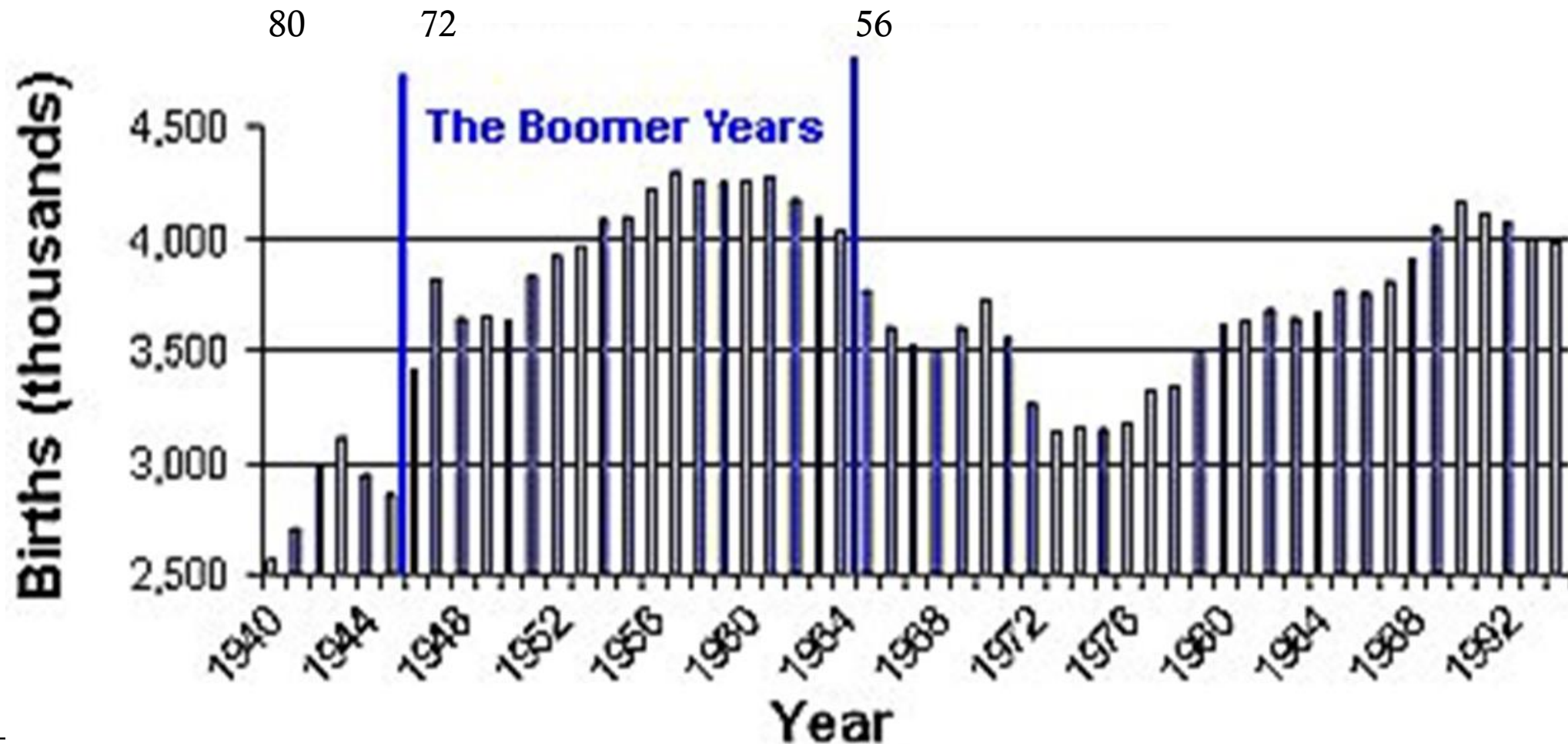

UNDERSTANDING ELDER ABUSE

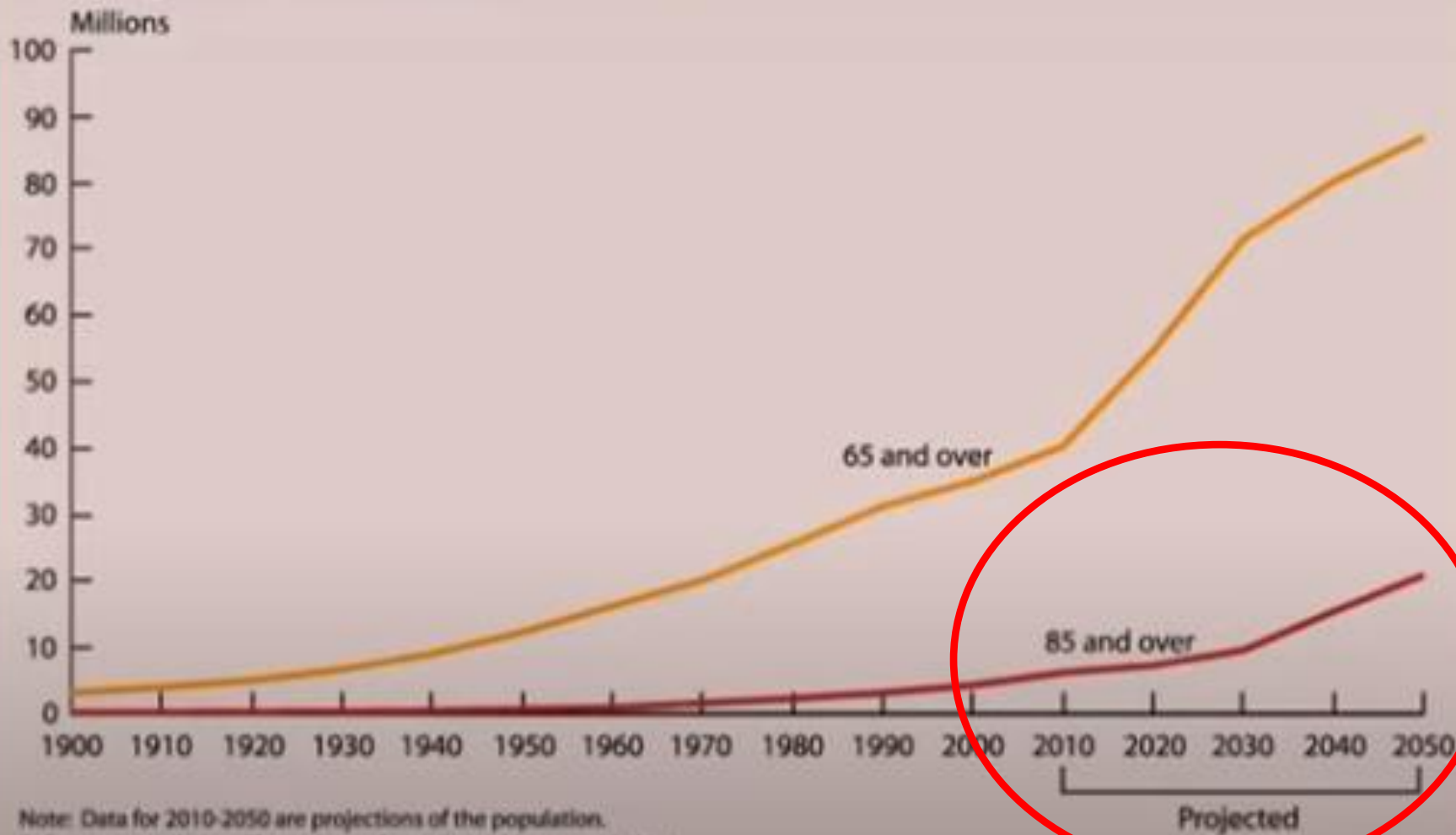
Prepared by Global Training Experts LLC. 2021

How big is this problem?

US CENSUS



Number of people age 65 and over, by age group, selected years 1900-2000 and projected 2010-2050



Note: Data for 2010-2050 are projections of the population.
Reference population: These data refer to the resident population.
Source: U.S. Census Bureau, Decennial Census and Projections.

1 IN 10 AMERICANS AGED 60+ HAVE EXPERIENCED SOME FORM OF ELDER ABUSE.

AS HIGH AS 5 MILLION ELDERS ARE ABUSED EACH YEAR.

People live longer
This growing number of older adults will only tell us that the problem of Elder abuse will grow

Most vulnerable age for abuse

ONE STUDY ESTIMATED THAT ONLY 1 IN 14 CASES OF ABUSE ARE REPORTED TO AUTHORITIES.

Vulnerabilities to Mistreatment

- Difficulty defending oneself, physically and emotionally
- May be more dependent on others for assistance than in the past
- Fear of losing independence if a report is made, so more susceptible to threats

Why is it hard to answer?

- Reluctance to admit
 - Shame
 - Fear of losing independence
 - Fear of being moved
- Unlike kids, older adults can quietly disappear from society without much inquiry

Elder Abuse - National Incidence

- 236,000 reports of seniors abused at home in one year
- 50,000 reports of abuse in nursing homes in one year

Note: Unlike children who will be noticed if they don't show up for school or daycare, older adults can fade without anyone knowing.

Adult physical injuries can look like normal aging, broken hip, bruising, etc...

Majority of abuse happens in private homes, not nursing homes as many people think. And not by senior care professionals, but rather - family

WHO ARE THE ABUSERS?



*Men and Women

*60% of elder abuse and neglect is caused by a family member

*2/3 – Adult children or spouses



WHAT MAKES AN OLDER ADULT VULNERABLE TO ABUSE?

SOCIAL ISOLATION AND MENTAL IMPAIRMENT (EX: DEMENTIA OR ALZHEIMER'S DISEASE) ARE TWO FACTORS.

RECENT STUDIES SHOW THAT NEARLY HALF OF THOSE WITH DEMENTIA EXPERIENCED ABUSE OR NEGLECT.

INTERPERSONAL VIOLENCE **SHOWS HIGHER RATES AMONG ADULTS WITH DISABILITIES.** (WORLD HEALTH ORG)

National Elder Mistreatment Study ; March 2009

Author: Ron Acierno Ph.D.; Melba Hernandez-Tejada M.S.; Wendy Muzzy B.S.; Kenneth Steve M.S.

The overall aim of this project was to conduct a national epidemiological study to determine prevalence and risk factors for elder mistreatment in community residing older adults, defined generally as physical, sexual, emotional, neglectful, or financial mistreatment of a person age 60 years or above

Nationally representative sample (based on age, race, and gender) of 5,777 older adults

The cooperation rate was 69%

60.2% of the older adults were women and 39.8% were men, Avg. age = 71.5 yrs old

Highest and lowest perpetrators	<u>Highest</u>	<u>Lowest</u>
Emotional Abuse:	Spouse 25%	Stranger 9%
Physical	Spouse 57%	Stranger 3%
Sexual	Spouse 40%	Stranger 3%
Neglect	Grandchild/Children 39%	Other relative 7%

Physical

Types of physical elder abuse may include:

- Bruising
- Hitting
- Kicking
- Punching
- Pushing/shoving
- Restraining
- Scratching
- Slapping

Physical abuse may be the culmination of years of stress placed on the caregiver, especially if it is a family member. Or, **overworked staff members** may feel the need to take out their stress on residents.

Signs of Physical Elder Abuse

To spot physical elder abuse, the first place to look is often the senior's body.

Physical signs of elder abuse include:

- Burns from appliances or cigarettes
- Bruises, especially around the arm
- Broken bones
- Dislocated joints
- Hair or tooth loss
- Sprains



Elder Abuse and Neglect

Laura Mosqueda, M.D.
Professor of Family Medicine, Geriatrics, and Gerontology



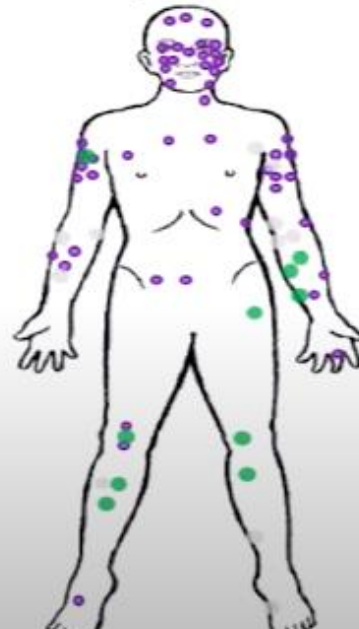
The Department of Family Medicine and Geriatrics at the Keck School of Medicine of USC was named the sole grant recipient to become the National Center on Elder Abuse (NCEA) from September 2017 – August 2020. The NCEA is led by Laura Mosqueda, MD, and a team at the Keck School of Medicine in collaboration with the USC Davis School of Gerontology, the American Bar Association and other organizations dedicated to supporting an aging America.

Anterior Comparison

Part I: Accidental



Part II: Physical Abuse

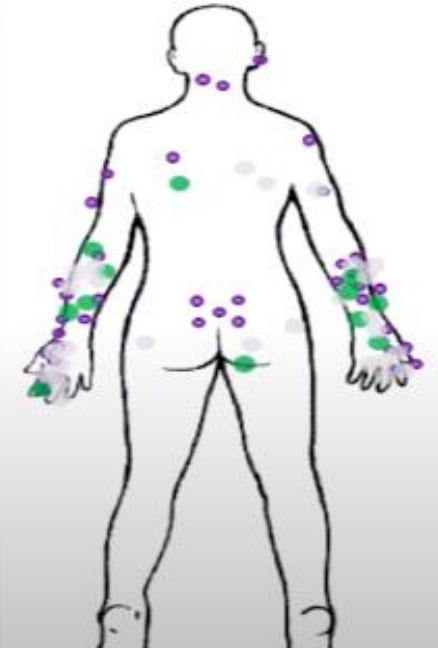


Posterior Comparison

Part I: Accidental



Part II: Physical Abuse



During an investigation, the CME found that anterior sites were more likely to be viewed than posterior sites, indicating that bodies were not rolled over for viewing

Physical

Case Study

- Mr. Guido Rossini is a 74-year-old Italian American who suffers from multiple health problems and dementia. He came to APS's attention because he was in the hospital due to a fall and would soon be ready for discharge home. However, his wife of 15 years, Marina, did not want him to come home because during the past year, Mr. Rossini's dementia had manifested in very violent outbursts, almost all of which targeted injuring his wife. For example, he threw her to the floor and broke her ankle and while she was on the ground, punched her in the head with his fists and bit her. On another occasion he threatened to kill her and brandished a large kitchen knife to try to stab her.
- Despite the physical and verbal abuse, Marina did not report it to the police or APS because Mr. Rossini had threatened to kick her out of the house if she said anything. She was afraid for her life if Mr. Rossini returned home.
- The doctor was aware of Mr. Rossini's violent behavior, but thought new medications had resolved them. The MD described Mr. Rossini as "a different person" and because Mr. Rossini had recuperated from his fall, felt he no longer needed hospital care and intended to send Mr. Rossini back home.
- APS collaborated with doctors to re-evaluate Mr. Rossini's condition. In reviewing all the information and tests, they concluded that controlling Mr. Rossini's violent behavior and other care needs could not be adequately managed at home. Furthermore, his wife, Marina, was fearful for her safety because of his outburst and refusal to comply with prescribed medications.
- APS advocated for Mr. Rossini to be placed in a long-term care facility where he would receive more care and supervision since discharging him home would not be safe for either Mr. or Mrs. Rossini. The doctors agreed to collaborate with Mrs. Rossini and APS to assist in locating an appropriate placement. Mr. Rossini was ultimately discharged to a dementia-care facility where he receives around-the-clock care and supervision.



Emotional / Psychological

- shouting and bullying
 - insults or name calling
 - threats of violence or abandonment
 - intimidation or belittling
 - humiliation
 - harassment;
 - treating an older person like a child
 - ignoring the person or isolating them from his or her family, friends, or regular activities
 - inappropriately infringing on their privacy.
-

Signs of possible abuse –
Heightened levels of upset or agitation
Unexplained feelings of hopelessness, guilt or inadequacy
Unusual withdrawal from family and friends
Discomfort or anxiety in the presence of particular
Reluctance to speak about the situation.



CASE STUDIES EMOTIONAL/PSYCHOLOGICAL

“Morris is an 88-year-old man with mobility issues. He has a hearing impairment. His grandson, Ben, is the caregiver. Ben lives in Morris’s home after he lost his job. Ben doesn’t like what Morris watches on TV. He often tells Morris that “this program is only for a stupid person”. Ben knows that his grandfather does not hear well and asks Ben to repeat things. When Ben gets frustrated, he yells at Morris and says things such as “pay attention, you old fool”. Morris gets upset with what is happening but Ben helps with the yard work, laundry and taking him to doctors’ appointments. He knows that Ben makes rude jokes about him, even if he doesn’t hear every word. When Ben has friends over to the house, he mimics how Morris uses his walker or has shaking hands when he carries something.



Financial

Examples of Financial Abuse

- A 55 year old woman threatens her mother with placement in a nursing home if she doesn't buy her a car.

Using older adults' money or property dis-honestly, or failing to use older adults' assets for their own welfare.

- Forging the elderly person's signature
- Forcing the elderly person to sign a will, deed, or power of attorney listing the perpetrator as the one who is responsible. Stealing property or money from the elderly person
- Promising to give the elderly person lifelong care only if they give them money or their property
- Using the possessions or property of the elderly person without their permission
- Perpetrating fraud, which is the use of trickery, false pretenses, deception or other dishonest acts in order to gain the person's finances
- Perpetrating cons or other confidence games in order to gain the trust of the elderly person
- Perpetrating telemarketing scams in which the elderly person is called and deception, exaggerated claims or scare tactics are used to get the elderly person to send them money
- Charging things against the elderly person's credit cards without the authorization of the cardholder



Note: Sometimes it is hard to determine whether there is neglect in care because the elderly person is saying I don't want to eat. So that is a self neglect. We cannot prove there is neglect on that.”

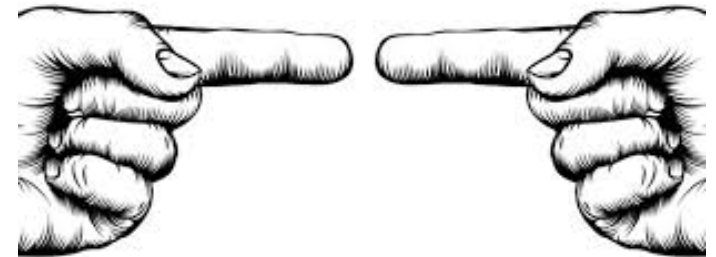
Neglect

NEGLECT IS DEFINED AS ANY FAILURE BY A CAREGIVER TO FULFILL THE OBLIGATIONS RELATED TO THE OLDER PERSON'S CARE.

- Absence of necessities food, water, and heat, utilities, sufficient space, and ventilation
 - Evidence of animal or insect infestations
 - Signs of medication mismanagement, including empty or unmarked bottles or outdated prescriptions
 - Unsafe housing (disrepair, faulty wiring, inadequate sanitation, substandard cleanliness, or architectural barriers)
 - Dehydration or malnutrition, often evidenced by loss of weight or extreme thirst, low urinary output, dry, fragile skin, dry, sore mouth, apathy, lack of energy, and mental confusion
 - Poor personal hygiene
 - Untreated bedsores
 - Being unclothed, or improperly clothed, for the weather
 - Absence of needed dentures, eyeglasses, hearing aids, walkers, wheelchairs, braces, or commodes
-

NEGLECT – CORONER'S INVESTIGATION IDENTIFYING A CRIME OR SELF NEGLECT

- CME – defined as Coroner/Medical Examiner
- CME agencies were under the impression that they could rely on clinicians who report deaths to have expertise in elder abuse and neglect.
- Often reporting parties are neither required to, nor trained for, providing the information that CME agencies need to make a robust decision.
- CME decisionmakers are biased against investigating elder deaths since death is more likely with advanced age.



CASE STUDIES

- Mr. B, 74 years of age, complains with increasing frequency of pain. His physician is puzzled by the complaints because the methadone she has prescribed should be controlling the pain. She has already increased the dosage a couple of times and is reluctant to do so again. She finally asked a family member to bring in all of Mr. B's medications so that she could check for drug/drug interactions or perhaps prescribe another medication. Examination of the **methadone tablets** revealed that someone had switched most of the methadone **with over-the-counter potassium tablets**, which are nearly the same size and color. Mr. B's failing eyesight prevented him from being able to tell the difference between the very similar tablets. Questioning revealed that Mr. B's niece, a former drug addict, had been living with him in exchange for his care, and that she prepared his medications each day. The family suspected that she was using drugs again, but was reluctant to probe too deeply because there was no one else to care for Mr. B.
-

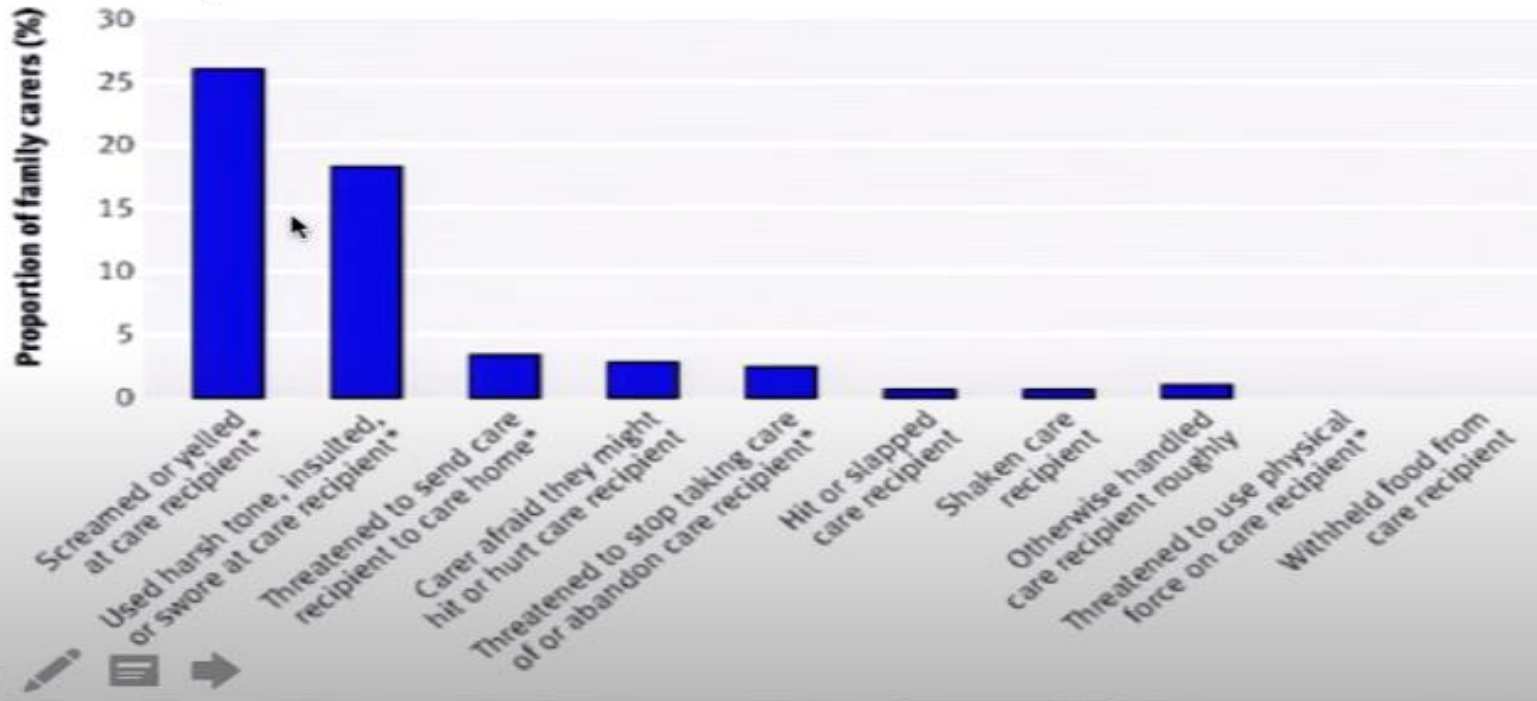


MULTIPLE TYPES OF ELDER ABUSE TYPICALLY CO-OCCUR, IT'S CALLED POLYVICTIMIZATION

- **Example: Neglect, Financial Exploitation, Emotional Abuse**
- **Status:**
 - **Married couple living together in an apartment with 1 (24 hr) caregiver**
 - **Wife: 90 years old, vision impairment, Hip fractures from multiple falls, diabetes**
 - **Husband – 85 years old, dementia diagnosis**
- **Situation:**
 - **Caregiver – admits her job is “overwhelming”.**
 - **Niece takes control of finances without legal authority. During therapy wife explains that she’s depressed because her niece calls her names and threatens her by saying she’ll call the bank and tell them she has dementia if she doesn’t do as told.**
- **After investigation – Outcome:**
 - **2 part time caregivers replaced the 1 “overwhelmed” caregiver**
 - **Niece was prosecuted for financial exploitation**
 - **Wife’s injuries were reviewed and safety precautions were put in place to reduce risks.**

Abuse of people with dementia

- Proportions of each abusive behavior



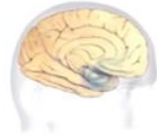
Study out of England of which 220 Caregivers where asked if they were ever abusive and if so, what categories and how often

Most insisted that the abuse was a response to being exhausted and loss of patience.

- May be unable to recognize abuse
 - May be unable to report abuse
 - May not be believed
-

TYPICAL ABUSIVE BEHAVIORS AMID STAGES

Early AD



Symptoms:

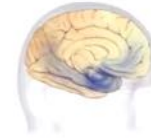
- Short term memory
- Words
- Judgment

Dilemmas:

- Driving
- Finances

Financial Abuse

Mid AD



Symptoms:

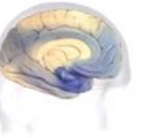
- Behavior
- Dressing
- Insight

Dilemmas:

- Explaining
- Moving

Physical Abuse

Late AD



Symptoms:

- Communication
- Mobility
- Swallowing

Dilemmas:

- Risk/benefit
- Nutrition

Neglect

WHO IS LEGALLY LIABLE FOR ABUSE AND NEGLECT?

WHEN ABUSE OR NEGLECT OCCURS IN THE NURSING HOME SETTING, THE FACILITY CAN BE HELD LIABLE IF ANY OF THE FOLLOWING PLAYED A PART IN CAUSING HARM TO A RESIDENT OR PATIENT:

NEGLIGENT HIRING

UNDERSTAFFING

INADEQUATE TRAINING

BREACH OF STATUTORY OR REGULATORY OBLIGATIONS, AND

MEDICATION ERRORS.

THE FACILITY IS ALSO RESPONSIBLE FOR THE ACTS OF ITS EMPLOYEES, INCLUDING MOST ACTIONS TAKEN IN THE COURSE AND SCOPE OF THE WORKER'S JOB RESPONSIBILITIES.

AS PART OF A RESIDENT'S CARE, NURSING HOMES OFTEN HIRE CONTRACTORS OR OTHERWISE OUTSOURCE VARIOUS TASKS TO THIRD PARTIES. THOSE THIRD PARTIES MAY ALSO BE LIABLE FOR ABUSE OR NEGLECT OF A RESIDENT. FOR EXAMPLE, IF ANOTHER RESIDENT -- OR A GUEST VISITING THE NURSING HOME -- INJURES A RESIDENT, THE PRIVATE SECURITY FIRM PROVIDING SECURITY TO THE NURSING HOME MAY BE LIABLE FOR NEGLIGENCE.

ARE THERE CRIMINAL PENALTIES FOR THE ABUSERS?

MOST STATES HAVE PENALTIES FOR THOSE WHO VICTIMIZE OLDER ADULTS. INCREASINGLY, ACROSS THE COUNTRY, LAW ENFORCEMENT OFFICERS AND PROSECUTORS ARE TRAINED ON ELDER ABUSE AND WAYS TO USE CRIMINAL AND CIVIL LAWS TO BRING ABUSERS TO JUSTICE. REVIEW ELDER JUSTICE LAWS, STATISTICS AND OTHER [STATE RESOURCES](#) COMPILED BY THE NCEA.

HOW DOES A PERSON MAKE AN ELDER ABUSE REPORT?

IF AN OLDER ADULT IS IN IMMEDIATE, LIFE-THREATENING DANGER, CALL 911. ANYONE WHO SUSPECTS THAT AN OLDER ADULT IS BEING MISTREATED SHOULD CONTACT A LOCAL [ADULT PROTECTIVE SERVICES](#) OFFICE, LONG-TERM CARE OMBUDSMAN, OR POLICE.

We don't always see
ourselves as we really
are

It's important for all of
us to admit to
imperfections

Help others



THANK YOU

Jill Gafner Livingston BSBM, CDP,

Global Training Experts LLC

www.globaltrainingexperts.com

586-419-6073

RESOURCES

- <https://www.youtube.com/watch?v=1yIQFkbPXa8>
 - Dr. Laura Mosqueda, MD, USC
 - <https://www.bing.com/videos/search?q=free+case+studies+abuse+on+elderly&&view=detail&mid=B9CF474F0A36B6AF3AD0B9CF474F0A36B6AF3AD0&rvsmid=A924A5241061A4BB769EA924A5241061A4BB769E&FORM=VDQVAP>
 - National Council on Aging – Elder Abuse Facts
 - Nursing Home Abuse Center Study, “Physical Elder Abuse”
 - NAPSA – National Adult Protective Services Association
 - American Geriatric Society
 - Acierno, R., Hernandez, M. A., Amstadter, A. B., Resnick, H. S., Steve, K., Muzzy, W., & Kilpatrick, D. G. (2010). Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: The National Elder Mistreatment Study. *American Journal of Public Health, 100*(2), 292-297
 - Center on Excellence on Elder Abuse and Neglect, Coroners investigation report.
-